

Please type a plus sign (+) inside this box → **[+]**

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	COTE
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

- Practitioners at Customer Number →
OR
 Practitioner(s) named below:

Place Customer Number Bar Code Label here

Name	Registration Number
James C. Wray	22,693
Meera P. Narasimhan	40,252

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

- The above-mentioned Customer Number.

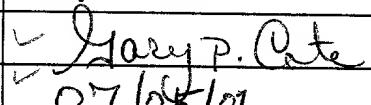
OR

<input checked="" type="checkbox"/> Firm or Individual Name	James C. Wray			
Address	1493 Chain Bridge Road			
Address	Suite 300			
City	McLean	State	VA	Zip 22101
Country	US			
Telephone	(703) 442-4800	Fax	(703) 448-7397	

I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Gary P. Cote
Signature	
Date	07/05/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.